

# TAX YEAR 2016 STATE OF TENNESSEE PROPERTY TAX RELIEF APPLICATION (DV)

<b>1. OWNERSHIP - CHOOSE 1</b> <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> CO-OWNERS <small>SUBMIT RECEIPT. IF APPLICANT'S NAME IS NOT ON THE RECEIPT, ATTACH OWNERSHIP EVIDENCE.</small>	<b>2. LIFE ESTATE - CHOOSE 1</b> <input type="checkbox"/> NO <input type="checkbox"/> YES REMAINDER ON PROPERTY? <input type="checkbox"/> NO <input type="checkbox"/> YES - PROVIDE INCOME AND COMPLETE 49-55.	<b>3. MOBILE HOME - CHOOSE 1</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <small>IF YES, ATTACH TITLE OR BOS.</small>	COUNTY <h2 style="text-align: center;">SHELBY</h2> <input type="checkbox"/> TAXES PAID BY MORTGAGE COMPANY. PAY APPLICANT
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4. COUNTY # <b>079</b>	5. CITY # <b>479</b>	6. DI	7. MAP	8. GROUP	9. CNTL MAP	10. PARCEL	11. PI	12. SI	13. SSD1	14. SSD2	15. SSD3
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16. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$	17. DATE TAXES PAID MONTH DAY YEAR	18. 25% ASSESSMENT RESIDENTIAL ONLY	19. TAX RATE	20. RECEIPT #	21. TAX BILL AMOUNT	28. CLASSIFICATION <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED HOMEOWNER <input type="checkbox"/> DISABLED VETERAN (F-16) <input type="checkbox"/> WIDOWER OF DISABLED VETERAN (F-16S)
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22. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$	23. DATE TAXES PAID MONTH DAY YEAR	24. 25% ASSESSMENT RESIDENTIAL ONLY	25. TAX RATE <b>3.40</b>	26. RECEIPT #	27. TAX BILL AMOUNT
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29. LAST NAME	30. FIRST NAME	31. MI	32. ADDITIONAL OWNER(S) <small>IF MORE THAN TWO (2) OWNERS, ATTACH F10(s).</small>
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33. SOCIAL SECURITY NUMBER	34. MEDICARE CLAIM NUMBER	MED. CODE	35. BIRTH DATE MONTH DAY YEAR	36. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	37. TELEPHONE NUMBER ( ) -
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38. PROPERTY ADDRESS (STREET, OR A ROUTE WITH BOX NO.)	47. APPLICANT LOCATION - CHOOSE 1 <input type="checkbox"/> LIVING ON PROPERTY <input type="checkbox"/> NOT LIVING ON PROPERTY <input type="radio"/> IN NURSING HOME <input type="radio"/> AT RELATIVE'S HOME <input type="radio"/> OTHER YEAR RELOCATED: _____ <small>GIVE REASON FOR RELOCATION IN REMARKS</small>	48. THE INCOME LIMIT IS: <i>Elderly and Disabled Homeowners</i> <b>\$29,180</b> ANNUAL 2015 INCOME APPLICANT    SP/CO/IRM SSA \$ _____ \$ _____ SSI \$ _____ \$ _____ RET/PEN \$ _____ \$ _____ VA \$ _____ \$ _____ WORKERS' COMP \$ _____ \$ _____ SALARY/WAGES \$ _____ \$ _____ DIV/INT \$ _____ \$ _____ OTHER \$ _____ \$ _____ TOTAL \$ _____ \$ _____ NO INCOME <input type="checkbox"/> <input type="checkbox"/> <b>GRAND TOTAL \$</b> _____
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39. PROPERTY CITY	40. ZIP CODE
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41. MAILING ADDRESS (C/O Person's Name, P.O. Box, or ROUTE NO. ONLY)	46. MAILING ADDRESS STATUS FOR BLOCKS 41-45 ONLY Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> <small>GIVE REASON FOR USE IN REMARKS</small>
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42. MAILING CITY	43. STATE	44. COUNTRY	45. ZIP CODE
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49. <input type="checkbox"/> CO-OWNER'S LAST NAME <input type="checkbox"/> SPOUSE'S LAST NAME <input type="checkbox"/> RESIDENT REMAINDER'S LAST NAME	50. FIRST NAME	51. MI	ARE YOU MARRIED? - CHOOSE 1 <input type="checkbox"/> NO <input type="checkbox"/> YES - COMPLETE BLOCKS 48, 49-55 AND 85 OR COMPLETE F-10 FORM <small>SPOUSAL INFORMATION IS REQUIRED REGARDLESS OF OWNERSHIP OR RESIDENCY.</small>
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52. SOCIAL SECURITY NUMBER	53. MEDICARE CLAIM NUMBER	MED. CODE	54. BIRTH DATE MONTH DAY YEAR	55. GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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COMPLETE BLOCKS 56-73 ONLY WHEN APPLICANT HAS TWO (2) RECEIPTS ON WHICH TAX RELIEF IS TO BE PAID. *EXAMPLE: CONTIGUOUS PARCELS, MOBILE HOME / LAND SPLIT, OR COUNTY / CITY SPLIT.*

56. CITY # SECOND PARCEL #:	57. DI	58. MAP	59. GROUP	60. CNTL MAP	61. PARCEL	62. PI	63. SI	64. SSD1	65. SSD2	66. SSD3
67. COUNTY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> County \$		68. DATE TAXES PAID MONTH DAY YEAR		69. 25% ASSESSMENT RESIDENTIAL ONLY		70. TAX RATE		71. RECEIPT #		72. TAX BILL AMOUNT
73. CITY TAX ISSUE PAYMENT TO: <input type="checkbox"/> Applicant <input type="checkbox"/> City \$		74. DATE TAXES PAID MONTH DAY YEAR		75. 25% ASSESSMENT RESIDENTIAL ONLY		76. TAX RATE		77. RECEIPT #		78. TAX BILL AMOUNT

79. DECEASED OWNERS:		LAST NAME	FIRST NAME	RELATION	YEAR OF DEATH
				1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	
				1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	
				1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING 2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER	

Deadline for taking application and paying taxes is 35 days after the property tax delinquency date.  
To avoid penalty and interest, total tax must be paid by delinquency date.

80. HAVE YOU RECEIVED TAX RELIEF IN TENNESSEE BEFORE?  NO  YES  
IF YES, GIVE COUNTY NAME: \_\_\_\_\_

81. Comments: (Please Print)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

82. Certification by Collecting Official:  
I assert that I have exercised reasonable care and am satisfied that the applicant understood the following:  
(a) all changes of spouse and owners were to be listed; and  
(b) all income from all sources for applicant's spouse and each owner was to be listed and was not to exceed the income limit; and  
(c) intentionally providing false information could subject the applicant to penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided.  
I further assert that I detect no condition in this application/voucher, which would necessitate any documentation from this applicant in addition to that submitted.  
 Trustee or  
 City Collecting Official: \_\_\_\_\_

DID YOU FILE A FEDERAL TAX RETURN FOR 2015?  YES  NO  
ALTERNATE CONTACT INFORMATION:  
NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

I certify this information to be correct and understand that the information I have provided is subject to verification through matching programs with the social security administration. I understand I am subject to penalty and interest for intentionally providing false information.

83. APPLICATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

84. APPLICANT'S SIGNATURE: \_\_\_\_\_

85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE: \_\_\_\_\_

86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:  
Witness Address \_\_\_\_\_ Witness Address \_\_\_\_\_



T.C.A. 67-5-701 through 67-5-704

CT-0067 REV. 5/2016

*ALL Applications must be dated and signed*